

1 **BRIAN D. SHAPIRO**
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E-FILED: October 30, 2018

6 **UNITED STATES BANKRUPTCY COURT**

7 **DISTRICT OF NEVADA**

9 In re:

10 MCMAHAN, KENNETH RAY

CASE NO. BK-S-18-12586 LEB

IN PROCEEDINGS UNDER CHAPTER 7

11 **NOTICE OF ASSETS AND NOTICE TO FILE
12 CLAIMS**

13 Debtor(s).

14 NOTICE IS HEREBY GIVEN, pursuant to Bankruptcy Rule 3002(c)(5), that the Trustee has found assets
15 in this bankruptcy estate from which a payment of a dividend appears possible.

16 Any creditor holding a claim against the above-entitled estate may file a proof of claim in the
17 **Office of the Clerk of the Bankruptcy Court, 300 Las Vegas Boulevard South, Las Vegas, Nevada
89101.**

18 NOTICE IS FURTHER GIVEN that to be considered for a dividend in accordance with the Rule, a proof
19 of claim must be filed within ninety (90) days after the date of mailing of this notice. The last date to file
20 claims is **January 28, 2019**.

21 NOTICE IS FURTHER GIVEN that, pursuant to Local Bankruptcy Rule 2002(7), after the expiration of
22 the claims bar date in a Chapter 7 case, all notices required by Fed R. Bank P. 2002(a), except Fed. R.
23 Bank. P. 2002(a)(4), may be mailed only to creditors whose claims have been filed with the Clerk of the
24 Court and to creditors, if any, who are permitted to file claims by reason of an extension granted under
Fed. R. Bank. P. 3002(c)(6).

25 DATED: October 30, 2018

/s/ Brian D. Shapiro

26 BRIAN D. SHAPIRO, TRUSTEE

27 **NOTE: CLAIMS ARE TO BE FILED AT THE U.S. BANKRUPTCY COURT,
28 300 LAS VEGAS BOULEVARD SOUTH, LAS VEGAS, NEVADA 89101
CLAIMS NOT FILED BY THE BAR DATE ARE GENERALLY NOT ALLOWED**

Fill in this information to identify the case:

Debtor 1 _____

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: _____ District of _____

Case number _____

Official Form 410**Proof of Claim**

12/15

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. **Do not send original documents;** they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim**1. Who is the current creditor?**

Name of the current creditor (the person or entity to be paid for this claim) _____

Other names the creditor used with the debtor _____

2. Has this claim been acquired from someone else?

- No
- Yes. From whom? _____

3. Where should notices and payments to the creditor be sent?**Where should notices to the creditor be sent?****Where should payments to the creditor be sent? (if different)**

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Name _____

Name _____

Number _____ Street _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

City _____ State _____ ZIP Code _____

Contact phone _____

Contact phone _____

Contact email _____

Contact email _____

Uniform claim identifier for electronic payments in chapter 13 (if you use one):
_____**4. Does this claim amend one already filed?**

- No
- Yes. Claim number on court claims registry (if known) _____

Filed on _____
MM / DD / YYYY**5. Do you know if anyone else has filed a proof of claim for this claim?**

- No
- Yes. Who made the earlier filing? _____

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? • No
 • Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____

7. How much is the claim? \$_____ Does this amount include interest or other charges?

No

- Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.

Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).

Limit disclosing information that is entitled to privacy, such as health care information.

9. Is all or part of the claim secured? • No
 • Yes. The claim is secured by a lien on property.

Nature of property:

- Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
- Motor vehicle
- Other. Describe: _____

Basis for perfection: _____

Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)

Value of property: \$_____

Amount of the claim that is secured: \$_____

Amount of the claim that is unsecured: \$_____ (The sum of the secured and unsecured amounts should match the amount in line 7.)

Amount necessary to cure any default as of the date of the petition: \$_____

Annual Interest Rate (when case was filed) _____ %

- Fixed
- Variable

10. Is this claim based on a lease? • No
 • Yes. **Amount necessary to cure any default as of the date of the petition.** \$_____

11. Is this claim subject to a right of setoff? • No
 • Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	<ul style="list-style-type: none"> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Check all that apply: <ul style="list-style-type: none"> <input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). \$ _____ <input type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). \$ _____ <input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4). \$ _____ <input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). \$ _____ <input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). \$ _____ <input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(_____) that applies. \$ _____
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* Amounts are subject to adjustment on 4/01/16 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both.

18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

- I am the creditor.
- I am the creditor's attorney or authorized agent.
- I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
- I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date MM / DD / YYYY

8

Signature

Print the name of the person who is completing and signing this claim:

Name First name Middle name Last name

Title

Company Identify the corporate servicer as the company if the authorized agent is a servicer.

Address Number Street

City State ZIP Code

Contact phone Email